

NOMINATION FORM

WORKSHOP ON PROMOTING TECHNOLOGY DEVELOPMENT, UTILISATION AND TRANSFER

I/We wish to register for the above Workshop as per the details given below :

1. Details of Delegate (s) :

S. No.	Name(s) (in block letters)	Designation	Mobile No.
i)			
ii)			
iii)			

2. Name of the Company/Institution _____

3. Communication Address _____

Phone _____

Fax _____ e-mail _____

Date : _____ Signature _____

To

Principal

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Peelamedu, Coimbatore - 641004

Tel. : 259 3675, 257 2177, 257 2477 Fax : 257 3833

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or

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Deputy Director

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E-mail : svsr Rao@cdc.org.in Website : www.cdc.org.in

Delegate Fee :

There shall be no registration fee for participation in the workshop.